

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2003

2003 FORM MO-CRP

Read instructions.Print or type.

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SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER		URITY NUMBER	JMBER ARE YOU RELATED TO YOUR LA		ANDLORD? YES	□ NO		
2. NAME	3.	3. LANDLORD'S NAME, SOCIAL SECURITY NO.						
ADDRESS OF RENTAL UNIT	LA	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE						
CITY, STATE, AND ZIP CODE			4.	LANDLORD'S	S PHONE NUME	BER		
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY		AR 003	TO: MO	нтис	DAY -	— YEAR 2003
7. Check the appropriat A. APARTMEN B. MOBILE HO C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RE or children	t receipts. If receiving the box and enter the country to box and enter the country that th	g assistance, enter the rresponding percentage OME, OR DUPLEX— L CARE—50% RE NURSING HOME— —50%; Otherwise, er (Rent cannot exceed ared your residence with appropriate box and enterpropriate box and enterpropriate in the response of the	e amount of ree on Line 7. 100% - 45% hter — 100% 40% of total hearth relatives and er percentage.	ousehold	income.)	your spouse	6	00
<u>Additional</u>	persons sharing resid	dence/percentage to b	e entered:	1 (50%)	□ 2 (33%	6) L 3 (25%)	7	%
8. Net rent paid — Mult FORM MO-PTS, LIN		entage on Line 7. ENTE TC, LINE 10					8	00
MO 860-1089 (11-2003)		For Privacy	/ Notice, see	the instru	uctions.			

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SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER				ARE YOU RELATED TO YOUR LANDLORD? ☐ YES ☐ NO IF YES, EXPLAIN.						
2. NAME				3. LANDLORD'S NAME, SOCIAL SECURITY NO.							
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)					LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE						
CITY, STATE, AND ZIP CODE					4. LANDLORD'S PHONE NUMBER						
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DA	Y		EAR 003	TO:	MONTH	D	AY	_	YEAR 2003
6. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.							6			00	
7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%											
B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50%											
D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%											
☐ E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%											
F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.)											
G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage.											
Additional persons sharing residence/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)							7			%	
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON							·				
FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.						8			00		